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VO UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549



TEMPORARY FORM D

NOTICE OF SALE OF SECURITIES
PURSUANT TO REGULATION D,
SECTION 4(6), AND/OR
UNIFORM LIMITED OFFERING EXEMPTION

OMB APPROVAL							
OMB Number: 3235-0076							
Expires: February 28, 2009							
Estimated average burden							
hours per							
form 4.00							

SEC USE ONLY

DATE RECEIVED

Serial

Prefix

•	
Name of Offering (□ check if this is an amendment and name has changed, and indicate change.)	
Offering of limited liability company membership interests	SEC Mail Processing
Filing Under (Check box(es) that apply): ☐ Rule 504 ☐ Rule 505 ☒ Rule 506 ☐ Section 4(6)	□∪Seqtion
Type of Filing: ⊠New Filing □Amendment	MÁR 0 5 2009
A. BASIC IDENTIFICATION DATA	Washington, DC
Enter the information requested about the issuer	111
Name of Issuer (☐ check if this is an amendment and name has changed, and indicate change.)	
Dancer Horse Productions, LLC	
Address of Executive Offices (Number and Street, City, State, Zip Code) Telephone Number	(Including Area
106 Charles Street, Suite 13, New York, New York 10014   Code) 323.935.2456	
Address of Principal Business Operations (Number and Street, City, State, Zip Code) Telephone Number (if different from Executive Offices)	(Including Area
Brief Description of Business	
Theatrical Production	
Type of Business Organization  □ corporation □ limited partnership, already formed □ business trust □ limited partnership, to be formed □ corporation □ limited partnership, to be formed	bility Company
Month Year Actual or Estimated Date of Incorporation or Organization*: [0][8] [0][8] ⊠ Actual □ Estimate	ed
Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State: CN for Canada; FN for other foreign jurisdiction) [N][Y]	:

GENERAL INSTRUCTIONS Note: This is a special Temporary Form D (17 CFR 239.500T) that is available to be filed instead of Form D (17 CFR 239.500) only to issuers that file with the Commission a notice on Temporary Form D (17 CFR 239.500T) or an amendment to such a notice in paper format on or after September 15, 2008 but before March 16, 2009. During that period, an issuer also may file in paper format an initial notice using Form D (17 CFR 239.500) but, if it does, the issuer must file amendments using Form D (17 CFR 239.500) and otherwise comply with all the requirements of § 230.503T.

#### Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W. Washington, D.C. 20549.

Copies Required: Two (2) copies of this notice must be filed with the SEC, one of which must be manually signed. The copy not manually signed must be photocopy of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

### State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

### ATTENTION:

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

# A. BASIC IDENTIFICATION DATA

- 2. Enter the information requested for the following:
  - Each promoter of the issuer, if the issuer has been organized within the past five years;
  - Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer; Each executive officer and director of corporate issuers and of corporate general and managing partners of
  - partnership issuers; and
  - Each general and managing partner of partnership issuers.

Check Box(es) that Apply:	<b>☒</b> Promoter	☑ Beneficial Owner	☑ Executive Of	fficer   Director	CGeneral Partner
Full Name (Last name first,	if individual)				
Hal Ackerman					
Business or Residence Addr	ess (Number and	Street, City, State, Zip Coo	de)		
106 Charles Street, Sui	te 13, New Yo	rk, New York 10014			
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General Partner
Full Name (Last name first,	if individual)	-		·	
Business or Residence Addr	ress (Number and	1 Street, City, State, Zip Co.	de)		
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Owner	□ Director	☐ General Partner
Full Name (Last name first,	if individual)				
Business or Residence Addr	ress (Number and	1 Street, City, State, Zip Coo	de)		,
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Owner	☐ Director	☐ General Partner
Full Name (Last name first,	if individual)				
Business or Residence Addr	ess (Number and	Street, City, State, Zip Coo	de)		
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	Director	General Partner
Full Name (Last name first,	if individual)				
Business or Residence Addr	ess (Number and	I Street, City, State, Zip Coo	de)		tere .
Check Box(es) that Apply:	☐ Promoter	□Beneficial Owner	☐ Executive Officer	☐ Director	☐ General Partner
Full Name (Last name first,	if individual)				

□Beneficial Owner  d Street, City, State, Zip ( □ Beneficial Owner	☐ Executive Officer  Code)  ☐ Executive Officer	□ Director	☐ General Partner
		□ Director	□ General Partner
		□ Director	□ General Partner
☐ Beneficial Owner	☐ Executive Officer	□ Director	☐ General Partner
d Street, City, State, Zip (	Code)		
☐ Beneficial Owner	□ Executive Officer	☐ Director	☐ General Partner
	☐ Beneficial Owner		☐ Beneficial Owner ☐ Executive Officer ☐ Director

					B. INF	ORMAT	ION ABO	OUT OF	FERING				
1,	Has the i	ssuer solo	d, or does								3?		No
2.	What is the minimum investment that will be accepted from any individual?										\$0*		
3	Does the	offering	nermit io	int owners	shin of a s	single unit	.9					Yes	No 1 fi
4.	similar re associate dealer. 1	munerati d person f more th	ion for so or agent an five (5	licitation of a broke ) persons	of purchaser or deale	sers in cor er register	nnection red with t	with sales he SEC a	of securi	ties in the	offering. or states, l	If a perselist the nat	on to be listed is an me of the broker or
* No mi	nimum fix	ed.											
Full Nar	ne (Last n	ame first,	, if individ	iual)					-				
D	D14.		(Ni		7a4 (Cia	Sana 7	Via Cada						
					street, Cit	y, State, Z	Lip Code)						
Answer also in Appendix, Column 2, if filing under ULOE.  2. What is the minimum investment that will be accepted from any individual?  3. Does the offering permit joint ownership of a single unit?  4. Eater the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for Solicitation of purchasers in connection with sales of Securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only.  1. No minimum fixed.  3. Business or Residence Address (Number and Street, City, State, Zip Code)  3. Business or Residence Address (Number and Street, City, State, Zip Code)  3. Business or Residence Address (Number and Street, City, State, Zip Code)  3. Business or Residence Address (Number and Street, City, State, Zip Code)  4. Business or Residence Address (Number and Street, City, State, Zip Code)  5. Business or Residence Address (Number and Street, City, State, Zip Code)  6. Business or Residence Address (Number and Street, City, State, Zip Code)  6. Business or Residence Address (Number and Street, City, State, Zip Code)  7. Business or Residence Address (Number and Street, City, State, Zip Code)  8. Business or Residence Address (Number and Street, City, State, Zip Code)  8. Business or Residence Address (Number and Street, City, State, Zip Code)  8. Business or Residence Address (Number and Street, City, State, Zip Code)  8. Business or Residence Address (Number and Street, City, State, Zip Code)  8. Business or Residence Address (Number and Street, City, State, Zip Code)  8. Business or Residence Address (Number and Street, City, State, Zip Code)  8. Business or Residence Address (Number and Street, City, State, Zip Code)  8. Business or Res													
States in	Which Pe	rson List	ted Has S	olicited or	Intends t	o Solicit I	Purchaser	'S					
(Ch	eck "All S	tates" or	check ind	ividual St	ates)	□ All Si	tates						
	[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
	[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[MA]	[MD]	[ME]	[MI]	[MN]	[MS]	[MO]
	[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
	[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
Full Nar	ne (Last na	ame first,	, if individ	lual)			<del></del>	<del></del>					
Busines	s or Reside	nce Add	ress (Nun	ber and S	Street, Cit	y, State, Z	Lip Code)	1					
		<u> </u>											
Name of	f Associate	ed Broker	or Deale	r									
States in	Which Pe	rson List	ed Has S	olicited or	Intends t	o Solicit I	ourchaser	S					
(Ch	eck "All S	ates" or	check ind	ividual St	ates)	□ All St	tates						
	[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	(HI)	[ID]
	[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[MA]	[MD]	[ME]	[MI]	[MN]	[MS]	[MO]
	[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
	[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]

1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero". If the transaction is an exchange offering, check this box [] and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.		
		Aggregate	Amount Already
	Type of Security	Offering Price	Sold
	Debt	\$ <u>0</u>	\$ <u>0</u>
	Equity	\$ <u>0</u>	\$ <u>0</u>
	13 Common		
	Convertible Securities (including warrants)	\$ <u>0</u>	\$ <u>0                                    </u>
	Partnership Interests	\$	\$
	Other: (Specify LLC Membership Interests)	\$ <u>200,000</u>	\$ <u>0</u>
	Total	\$ <u>200,000</u>	\$ <u>7,500</u>
	Answer also in Appendix, Column 3, if filing under ULOE.		
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."	Number Investors	Aggregate Dollar Amount
			Of Purchase
	Accredited Investors		<b>\$</b> 7,500
	Non-accredited Investors	0	\$ <u>0</u>
	Total (for filings under Rule 504 only)	0	\$ <u>0</u>
	Answer also in Appendix, Column 4, if filing under ULOE.		
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1.		
	Type of offering	Type of	Dollar Amount
		Security	Sold
	Rule 505		\$
	Regulation A	+	\$
	Rule 504		\$
	Total		\$
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		
	Transfer Agent's Fees		\$0
	Printing and Engraving Costs		\$ <u>0</u>
	Legal Fees	X	\$2,500
	Accounting Fees	0	\$0
	Engineering Fees		\$ <u>0</u>
	Sales Commissions (specify finders' fees separately)		\$0
	Other Expenses (identify) Filing fees		\$0
	Total	$\boxtimes$	\$2,500
	Enter the differences between the aggregate offering price given in response to Part C – Question 1 and total expenses furnished in response to Part C - Question 4.a. This difference is the "adjusted gross proceeds to the issuer."		\$ <u>197,500</u>

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

# C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

5. Indicate below the amount of the adjusted gross proceeds to the issuer used or proposed to be used for each of the purposes shown. If the amount for any purpose is not known, furnish an estimate and check the box to the left of the estimate. The total of the payments listed must equal the adjusted gross proceeds to the issuer set forth in response to Part C - Questions 4.b above.

		Payments to Officers.		
		Directors, & Affiliates		Payments To Others
Salaries and fees		\$0	[]	\$0
Purchase of real estate		\$0	[]	\$ <u> </u>
Purchase, rental or leasing and installation of machinery and equipment		\$ <u> </u>	U	\$ <u> </u>
Construction or leasing of plant buildings and facilities		\$_0		\$ <u> </u>
Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets or securities of another issuer		\$ 0	£3	\$ 0
pursuant to a merger)		\$ <u>0</u> \$ 0	u	\$
Repayment of indebtedness		\$ 0	IJ	\$
Working capital		\$ <u> </u>	X	\$ <u>,197,500*</u>
Other (specify):		\$ <u>0</u>	[.]	\$0
Column Totals		\$_0	X	\$ <u>197,500</u>
Total Payments Listed (column totals added)	X	\$ <u>197,500</u>		

<sup>\*</sup> A portion of the adjusted gross proceeds may be used to pay compensation due to the producers of the issuer in the regular course of business pursuant to norms of the theatrical industry.

D	FEDERA	ΔI.	SIGN	ATHRE
17.		<b>~</b> [ ]	131611	~

The issuer has duly caused this notice to be signed by the undersigned duly authorized person. If this notice is filed under Rule 505, the following signature constitutes an undertaking by the issuer to furnish to the U.S. Securities and Exchange Commission, upon written request of its staff, the information furnished by the issuer to any non-accredited investor pursuant to paragraph (b)(2) of Rule 502.

Issuer (Print or Type)	Signature	Date
Dancer Horse Productions, LLC	The	March 4, 2009
Name of Signer (Print or Type)	Title of Signer (Print or Type)	
T. Michael Wickersham, Esq.	Authorized Signatory	

# **ATTENTION**

E. STATE SIGNATURE		
Is any party described in 17 CFR 230.262 presently subject to any of the disqualification provisions of such rule?	Yes □	No ⊠

See Appendix, Column 5, for state response.

- 2. The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed, a notice on Form D (17 CFR 239.500) at such times as required by state law.
- 3. The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.
- 4. The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform Limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this Exemption has the burden of establishing that these conditions have been satisfied.

The issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person.

Issuer (Print or Type)	Signature	Date
Dancer Horse Productions, LLC	- Mod	March 4, 2009
Name of Signer (Print or Type)	Title of Signer (Print or Type)	•
T. Michael Wickersham, Esq.	Authorized Signatory	

### Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

APPENDIX

1	Intend to accr inves S	d to sell non- redited stors in tate 3-ltem 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)		Type of investor and amount purchased in State (Part C-Item 2)				
STATE	Yes	No	Membership Interests	Number of Accredited Investors	Amount	Number of Non- Accredited Investors	Amount	Yes	No
AL									
AK									
AZ									
AR									
CA		X		0	\$5,000	ì			X
СО									
СТ			· ·				<u>.</u>		
DE									
DC		X		1	\$2,500	0			X
FL		:							
GA						ļ. <u>-</u>			
ні									
ID			·						
IL									
IN									
IA									
KS								<u></u>	
KY			<del>-</del>						
LA									
ME								<u></u>	
MD					·· <del>·····</del>				
MA					· <del>***</del>				
MI			<del></del>				<u> </u>		
MN						<u> </u>			

# APPENDIX

1	to accr inve	d to sell non- redited stors in tate 3-ltem 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)	Type of investor and amount purchased in State (Part C-Item 2)				5 Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)		
STATE	Yes	No	Membership Interests	Number of Accredited Investors	Amount	Number of Non- Accredited Investors	Amount	Yes	No	
MS										
МО										
МТ						,				
NE										
NV									, <u>.</u>	
NH		!								
NJ										
NM										
NY										
NC										
ND		·								
ОН										
ок										
OR									_	
PA										
RI		·								
SC										
SD										
TN										
TX										
UT										
VT										
VA										
WA										

# APPENDIX

1	to accr inves S	d to sell non- redited stors in tate 3-Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)		Disqual under Sta (if yes, explana waiver	ification ite ULOE, attach ation of granted)			
STATE	Yes	No	Membership Interests	Number of Accredited Investors	Amount	Number of Non- Accredited Investors	Amount	Yes	No
WI									
WY									
PR									

# UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

# TEMPORARY FORM D

NOTICE OF SALE OF SECURITIES
PURSUANT TO REGULATION D,
SECTION 4(6), AND/OR
UNIFORM LIMITED OFFERING EXEMPTION

OMB APPROVAL							
OMB Number:	3235-0076						
Expires: Fo	ebruary 28, 2009						
Estimated average burden							
hours per							
form	4.00						

SEC USE ONLY							
Prefix		Serial					
DA	DATE RECEIVED						
·							

Name of Offering (□ check if this is an amendme	GE6 Mail Process				
Offering of limited liability company membership	p interests	i			
Filing Under (Check box(es) that apply):	ule 504	☐ Rule 505	⊠ Rule 506	☐ Section 4(6)	ebbs eddyami
Type of Filing: ⊠New Filing ☐Amendment					Washington, DC
A. BA	SIC IDEN	NTIFICATIO	N DATA		
1. Enter the information requested about the issu	er			<u>-</u>	
Name of Issuer ( check if this is an amendment	t and name	e has changed	, and indicate	change.)	
Dancer Horse Productions, LLC					
Address of Executive Offices (Numb	er and Str	reet, City, Stat		Telephone Numbe	r (Including Area
106 Charles Street, Suite 13, New York, New York	rk 10014			Code) 323.935.2456	
Address of Principal Business Operations (Numb (if different from Executive Offices)	per and Str	eet, City, Stat		Telephone Numbe Code)	r (Including Area
Brief Description of Business		<del> </del>	I	·	· · · · · · · · · · · · · · · · · · ·
Theatrical Production					
Type of Business Organization  ☐ corporation ☐ limited partnershi ☐ business trust ☐ limited partnership,	Capy	.h		cify): Limited Lia	ability Company
Actual or Estimated Date of Incorporation or O			Year [0][8] ⊠	Actual   Estima	ted
Jurisdiction of Incorporation or Organization: (1 CN fo,		sta fo	al Service abl reign jurisdic	previation for State tion) [N][Y]	<b>e:</b>

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  - Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;
  - Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and
  - Each general and managing partner of partnership issuers.

Check Box(es) that Apply:	☑ Promoter	☑ Beneficial Owner	Executive C	Officer   Direct	or General Partner
Full Name (Last name first,	if individual)				
Hal Ackerman					
Business or Residence Addre	ess (Number and	d Street, City, State, Zip Co	ode)		
106 Charles Street, Sui	te 13, New Yo	ork, New York 10014			
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	□ Director	☐ General Partner
Full Name (Last name first, i	f individual)	•			<del></del>
Business or Residence Addre	ess (Number and	I Street, City, State, Zip Co	ode)		
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Owner	☐ Director	☐ General Partner
Full Name (Last name first, i	f individual)				
Business or Residence Addre	ss (Number and	Street, City, State, Zip Co	de)		
Check Box(es) that Apply:	□ Promoter	☐ Beneficial Owner	☐ Executive Owner	☐ Director	☐ General Partner
Full Name (Last name first, it	findividual)				
Business or Residence Addres	ss (Number and	Street, City, State, Zip Co.	de)		
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	□ Director □	General Partner
Full Name (Last name first, if	individual)				-
Business or Residence Addres	s (Number and	Street, City, State, Zip Coo	de)		
Check Box(es) that Apply:	☐ Promoter	DBeneficial Owner	☐ Executive Officer	☐ Director	☐ General Partner
ull Name (Last name first, if	individual)	****	. •		,

omoter DBeneficial Owner  vidual)  umber and Street, City, State,		□ Director	□ General Partner
<u>.</u>	Zip Code)		
umber and Street, City, State,	Zip Code)		
omoter   Beneficial Own	ner   Executive Officer	☐ Director	☐ General Partner
idual)			
umber and Street, City, State,	Zip Code)		
moter   Beneficial Own	er	☐ Director	☐ General Partner
idual)			
,	vidual)  umber and Street, City, State, in the second street of the seco	umber and Street, City, State, Zip Code)  omoter	umber and Street, City, State, Zip Code)  omoter

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		,			B. IN	FORMA'	TION AI	<b>SOUT OF</b>	FERINC	3			
1.	Has the	issuer so	ld, or doe	s the issue Ansv				edited invent			ıg?. <sub>.</sub>		s No
2.	What is the minimum investment that will be accepted from any individual?									\$0*	•		
3.	Does the	e offering	permit i	oint owner	rship of a	single un	it?					Ye 	s No ⊠ □
4.	Enter th similar r associate dealer.	e informatement emunerated person lf more the	ation required tion for second and the second and t	uested for olicitation of a brok 5) persons	each per of purcha	son who asers in co ler registe	has been onnection red with	or will be with sale the SEC a	e paid or s of secur and/or wit	given, dir ities in the th a state	ectly or i e offering or states,	indirectly, g. If a per list the na	any commission son to be listed is a ame of the broker orth the information
* No m	inimum fi	xed.											
Full Na	me (Last r	name first	, if indivi	idual)			-					-	
	` .		•	,									
Busines	s or Resid	ence Ado	iress (Nu	mber and	Street, Ci	ty, State,	Zip Code	)	<del></del> .	<del></del>			
Name o	f Associat	ed Broke	r or Deal	ег		<u></u> .			<del></del>	·····			
States in	which P	erson Lis	ted Has S	olicited o	r Intends	to Solicit	Purchase	rs	<del></del>	<u> </u>			
(Ch	eck "All S	tates" or	check inc	dividual S	tates)	□ All S	tates						
	[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
	(IL)	[IN]	[IA]	[KS]	[KY]	[LA]	[MA]	[MD]	[ME]	[MI]	[MN]	[MS]	[MO]
	[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[HO]	[OK]	[OR]	[PA]
	[ R1]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	. [WY]	[PR]
Full Nar	ne (Last n	ame first,	, if indivi	dual)	<del></del>					•			
Busiņess	s or Reside	ence Add	ress (Nun	nber and S	Street, Cit	y, State, 2	Zip Code)	)					·
Name of	Associate	d Broker	or Deale	r							<u>.</u>	. <del> </del>	· · · · · · · · · · · · · · · · · · ·
States in	Which Pe	rson List	ed Has S	olicited or	Intends t	o Solicit I	Purchaser	 'S				<u> </u>	<del></del>
(Che	eck "All Si	ates" or o	check ind	ividual St	ates)	□ All S	tates						
	[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
	[IL]	[IN]	[lA]	[KS]	[KY]	[LA]	[MA]	[MD]	[ME]	[MI]	[MN]	[MS]	[MO]
-	[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
	[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]

### C.: OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero". If the transaction is an exchange offering, check this box \( \preceq \) and indicate in the columns below the amounts of the securities offered for exchange and already exchanged. Aggregate Amount Already Offering Price Type of Security Sold <u>\$0</u> Debt ..... \$0 Equity ..... □ Common □ Preferred Convertible Securities (including warrants) Partnership Interests \$0 \$ 200,000 Other: (Specify LLC Membership Interests)..... \$200,000 \$7,500 Total ..... Answer also in Appendix, Column 3, if filing under ULOE. 2. Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero.' Number Aggregate Dollar Amount Investors Of Purchase Accredited Investors \$7,500 Non-accredited Investors Total (for filings under Rule 504 only) Answer also in Appendix, Column 4, if filing under ULOE. 3. If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1. Type of offering Type of Dollar Amount Security Sold Rule 505 Regulation A..... Rule 504 ..... Total ..... securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an

4. a. Furnish a statement of all expenses in connection with the issuance and distribution of the expenditure is not known, furnish an estimate and check the box to the left of the estimate. Transfer Agent's Fees . 🗆 Printing and Engraving Costs П \$0 Legal Fees..... X \$2,500 Accounting Fees ..... \$0 Engineering Fees П \$0 Sales Commissions (specify finders' fees separately) Π \$0 Other Expenses (identify) Filing fees..... 0 Total ...... X

\$197,500

Enter the differences between the aggregate offering price given in response to Part C – Question 1 and total expenses furnished in response to Part C - Question 4.a. This difference is the "adjusted gross proceeds to the issuer."

### C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

5. Indicate below the amount of the adjusted gross proceeds to the issuer used or proposed to be used for each of the purposes shown. If the amount for any purpose is not known, furnish an estimate and check the box to the left of the estimate. The total of the payments listed must equal the adjusted gross proceeds to the issuer set forth in response to Part C - Questions 4.b above.

		Payments to Officers.		
		Directors, & Affiliates		Payments To Others
Salaries and fees		\$ <u> </u>		\$ <u> </u>
Purchase of real estate		\$0	0	\$ <u> </u>
Purchase, rental or leasing and installation of machinery and equipment		\$0		\$ <u> </u>
Construction or leasing of plant buildings and facilities	O	\$	Ò	\$0
Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets or securities of another issuer				
pursuant to a merger)		\$_0		\$0
Repayment of indebtedness		\$		\$
Working capital		\$0	X	\$ <u>,197,500*</u>
Other (specify):		\$		\$ <u> </u>
Column Totals		\$	X	\$ <u>197,500</u>
Total Payments Listed (column totals added)	X	\$ <u>197,500</u>		

<sup>\*</sup> A portion of the adjusted gross proceeds may be used to pay compensation due to the producers of the issuer in the regular course of business pursuant to norms of the theatrical industry.

D	FEDER	ΔT	SIGNA	THRE

The issuer has duly caused this notice to be signed by the undersigned duly authorized person. If this notice is filed under Rule 505, the following signature constitutes an undertaking by the issuer to furnish to the U.S. Securities and Exchange Commission, upon written request of its staff, the information furnished by the issuer to any non-accredited investor pursuant to paragraph (b)(2) of Rule 502.

Issuer (Print or Type)	Signature	Date
Dancer Horse Productions, LLC	11/1	March 4, 2009
Name of Signer (Print or Type)	Title of Signer (Print or Type)	
T. Michael Wickersham, Esq.	Authorized Signatory	

### **ATTENTION**

E. STATE SIGNATURE									
1. Is any party described in 17 CFR 23 provisions of such rule?	0.262 presently subject to any of the disquali	ification Yes	No ⊠						
S	ee Appendix, Column 5, for state response.								
	ertakes to furnish to any state administrator 239.500) at such times as required by state law		is notice is						
3. The undersigned issuer hereby under furnished by the issuer to offerees.	ertakes to furnish to the state administrators	, upon written request, i	nformation						
to the Uniform Limited Offering Ex	hat the issuer is familiar with the conditions kemption (ULOE) of the state in which this of this Exemption has the burden of establish	notice is filed and under	stands that						
The issuer has read this notification and behalf by the undersigned duly authorize	knows the contents to be true and has duly coed person.	aused this notice to be si	gned on its						
Issuer (Print or Type)	Signature	Date							
Dancer Horse Productions, LLC	-/M	March 4, 2009							
Name of Signer (Print or Type)	Title of Signer (Print or Type)	Title of Signer (Print or Type)							
T Michael Wickersham Esa	Authorized Signatory								

Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

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1	to acci inve	Intend to sell to non-accredited investors in State (Part B-Item 1)  Intend to sell Type of security and aggregate offering price offered in state (Part C-Item 1)  Type of investor and amount purchased in State (Part C-Item 2)		5 Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)					
STATE	Yes	No	Membership Interests	Number of Accredited Investors	Amount	Number of Non- Accredited Investors	Amount	Yes	No
AL									
AK					•				
AZ		_				<u> </u>			
AR			<del></del>						
CA		X		0	\$5,000	1			Х
СО									
СТ								<u>-</u>	
DE					•			! 	<u> </u>
DC		X		1	\$2,500	0			X
FL					<del></del>				
GA							<del></del>		
HI									
ID						ļ			
IL		_						<u></u> .	
IN									
lA					<del></del>				
KS									
KY									
LA					<u> </u>				
ME									
MD									
MA									
MI									
MN									

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APPENDI	X
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1	Intend to sell Type of to non-accredited offering investors in offered		Type of security and aggregate offering price offered in state (Part C-Item 1)	Type of investor and amount purchased in State (Part C-Item 2)				Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)		
STATE	Yes	No	Membership Interests	Number of Accredited Investors	Amount	Number of Non- Accredited Investors	Amount	Yes	No	
MS										
МО										
MT										
NE						ļ				
NV				) 		<u> </u>				
NH										
NJ					· .	<u> </u>				
NM				-						
NY										
NC										
ND_					<u> </u>					
ОН		·.								
OK										
OR										
PA						·				
RI				-						
SC								<u> </u>		
SD										
TN										
TX								·		
UT										
VT										
VA										
WA										

				APP	ENDIX				-
1	2 3 Intend to sell Type of security				5 Disqualification under State ULOE				
	to non- accredited offering price offered in state State (Part C-Item 1)  (Part B-Item 1)  to non- and aggregate offering price amount purchased in State (Part C-Item 2)					(if yes, attach explanation of waiver granted) (Part E-Item 1)			
STATE	Yes	No	Membership Interests	Number of Accredited Investors	Amount	Number of Non- Accredited Investors	Amount	Yes	No
WI									
WY									
PR									

 $\mathbb{END}$